

HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, PACIFIC TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470

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THIS SPACE FOR OFFICE USE ONLY

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STATE OF HAWAII STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST		<u> </u>		
NAME(Last)	(First)	(Middle)	TELEPHONE	
RADCLIFFE	JOHN	Н.	808-531-4551	
MAILING ADDRESS (Street)			FAX	
222 SOUTH VINEYARD STREET, SUITE 401			808-533-4601	
(City)	(State)	(Zip	(Zip Code)	
HONOLULU	HAWAII	96813-	96813-2453	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE	
CAPITOL CONSULTANTS OF	808-531-4551			
MAILING ADDRESS (Street)	FAX			
222 SOUTH VINEYARD STRE	808-533-4601			
(City)	(State)	(Zip	(Zip Code)	
HONOLULU	HAWAII	9681	96813-2453	

PART II ORGANIZATION NAME OF ORGANIZATION YOU LO	TELEPHONE 917-522-3250		
ENTERTAINMENT SOFTWARE AS	SOCIATION		
MAILING ADDRESS (Street)	FAX 917-522-3258		
317 MADISON AVENUE, 22 ND FLOO	DR		
(City)	(State)	(Zip Code)	
NEW YORK	NY	10017	
NAME OF PERSON RESPONSIBLE FO	R PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE 808-531-4551	
MELODY BUTAY DACANAY			
MAILING ADDRESS (Street)		FAX 808-533-4601	
222 SOUTH VINEYARD STREET, S	LUTE 404		

W						
(City)	(State)	(Zip Code)				
HONOLULU	HI	96813-2453				
	-					
PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY						
[] Agriculture	[] Education	[] Human Services	[] Science, Technology & Economic Development			
[] Communications & Public Utilities	[X] Government Operations & Finance	[X] Intergovernmental Relations, International Affairs	[] Tourism & Recreation			
[] Consumer Protection & Commerce	[] Hawaiian Affairs	[] Labor & Employment	[] Transportation			
[X] Culture, Arts, Historic Preservation	[] Health	[] Planning, Land & Water Use Management	[] Other: (indicate below)			
[] Ecology, Energy Environmental Protection	[] Housing	[] Public Safety & Corrections				
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PART IV CERTIFICATION	N OF LOBBYIST——					
		is to the best of my knowledge	correct and complete			
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.						
O L	~ Signature of Labbridge	1 pe	1 feb 2006			
	(Signature of Lobbyist)	1.1	(Date)			
PART V AUTHORIZATIO	N TO LOBBY	·				
NAME		TITLE OF AUTHORIZING OFFICE	ER OR PERSON REPRESENTED			
GAIL MARKELS SENIOR VICE PRESIDENT/GENERAL COUNSEL						
NAME OF ORGANIZATION (if applicable)			ELEPHONE 917-522-3250			
ENTERTAINMENT SOFTWARE ASSOCIATION						
MAILING ADDRESS (Street)			XX 917-522-3258			
317 MADISON AVENUE, 22 ND FLOOR						
(City)	(State)	(State) (Zip Code)				
NEW YORK	NY	10017				
I hereby authorize the above - parfied person to engage in lobbying activities on behalf of the undersigned.						
and Marks 1/30/06						
(Signature of Authorizing Officer or Person Represented) (Date)						